

# Partnerships & Collaborations

Building connections to build better care

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# Why do we need partnerships to improve care?



- Responsibility for building a better system of care is shared ...
- So.... participation of many stakeholders is required.
- Working side by side:
  - ◆ consumers, families, providers, funders, health plans, other purchasers, researchers, state agencies, community agencies, public policy makers, advocates, employers...

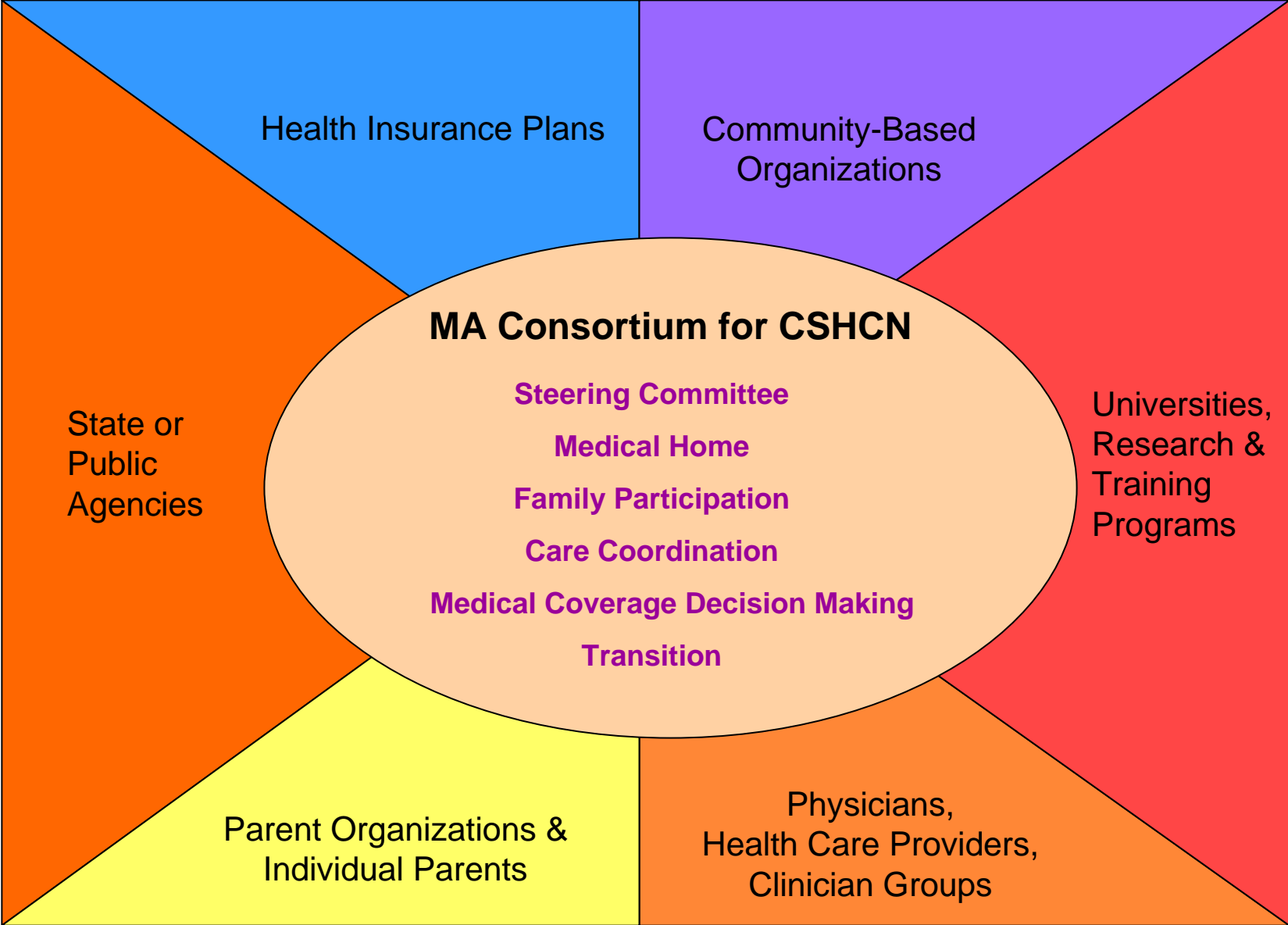
# MA Consortium for Children with Special Health Care Needs

- Established 1999
- Mission Statement adopted June 2001 (Healthy People 2010)
- Dedicated to improving systems of care
- 15 to 250 members
  - ◆ 25% parents of CSHCN
  - ◆ 70 + organizations or agencies
- Members include
  - ◆ Parents
  - ◆ Physicians
  - ◆ Researchers
  - ◆ Primary care provider groups
  - ◆ Health plans
  - ◆ Public agencies
  - ◆ Advocates
- Steering Committee -12
- 2 Regional Affiliates
  - ◆ Central Mass Partnership
  - ◆ Western Mass. Consortium

# What do we do?



- ◆ Identify gaps and barriers in service systems
- ◆ Provide a forum for information exchange and strategic thinking
- ◆ Identify opportunities for innovation and collaboration across public and private sectors
- ◆ Seek ways to link related efforts for maximum effectiveness
- ◆ Build mutual understanding and relationships



# So What?



- Greater family influence on policy  
6 pilot partnership sites; new Family-Professional partners Institute
- Clarify path to insurance benefits  
Educational forum; survey of 9 health plans
- New tools for families & providers  
*Directions, Family Reflections, Transition training, Using your benefits*
- Research defining new model for coordinating care

# Future Measures of Success?



- ◆ #'s of health plans, physicians, others adopt strategies for actively identifying CYSHCN
- ◆ #'s MDs participating in Medical Home training & networking activities
- ◆ #'s organizations with policy partnerships with families
- ◆ #'s care coordinators trained in transition planning
- ◆ #'s youth with smoother transitions to adulthood
- ◆ Increased understanding of medical-benefits decision-making processes
- ◆ Blended \$ for care coordination
- ◆ Protecting existing public services

# Creating Partnerships: the basic 4



## ◆ Establish WHY

- is there a shared purpose?

## ◆ Identify WHAT

- identify specific needs and ask for realistic "gives": space; staff; contacts; \$

## ◆ Listen CAREFULLY

- what do your partners need?

## ◆ Do it!

- engage partners in a concrete, achievable outcome
- don't waste anyone's time; cancel meetings when unnecessary

# Building Partnerships: the next 5



- ◆ Communications- marketing & education
- ◆ Create real opportunities for collaboration - meaningful; safe
- ◆ Promote consumers as experts
- ◆ Feed & nurture participants
- ◆ Provide information & technical assistance as needed

# Sustaining Partnerships: the tough 6



- ◆ New behaviors are required
- ◆ Old assumptions must disappear
- ◆ Competition must be minimized
- ◆ A respectful environment is needed
- ◆ Avoid distractions if you can
- ◆ Find the resources/\$\$ to support the work

# Why Bother?



The quality of care for individuals is dependent on their knowledge of how to navigate the system,

and

The quality of the system of care is dependent on its knowledge of the needs and experience of its users

# For more information on the MA Consortium for CSHCN



[www.neserve.org/maconsortium/index.html](http://www.neserve.org/maconsortium/index.html)